

Magnetic Media Transmitter Report

Rev. 1/04

State of Utah
Department of Human Services
OFFICE OF RECOVERY SERVICES/CHILD SUPPORT SERVICES

FM04

**For each tape or cartridge submitted, complete a separate Magnetic Transmittal Report. (Please copy for future use)
Your tape or cartridge will not be processed without the Transmittal Federal Identification Number required below.**

Transmitter's Name _____ Federal Identification Number _____
Street Address _____
City _____ State _____ Zip _____
Contact Person _____ Phone _____ E-mail _____
Third Party Name _____ I.D. Number _____
Third Party Contact Person _____ Phone _____ E-mail _____

☐ **CHECK THIS BOX IF THIS IS A NEW ADDRESS OR IF THE ORGANIZATION'S NAME HAS CHANGED.**

1. Period filed with this report: Quarter: _____ Dates: From _____ to _____

2. Indicate the reporting option chosen for the current year by your institution.

- ☐ METHOD #1 (All Accounts Method)
☐ METHOD #2 (Matched Accounts Method)
☐ MANUAL (600 or less accounts in Excel)

3. Please check the information used in this filing:

Format: _____ EBCDIC
Density: _____ 800 BPI _____ 1600 BPI _____ 6250 _____
Record Length= 420 Block Size=27720 Records per block=66
Internal label=IBM Standard *Label name must begin with 'WE.ORSIS'. Internal label needs to match external label.

_____ Unlabeled (We *can* accept unlabeled tapes, although we prefer the label specified above).

(For Cartridges Only) 18 Track _____ 36 Track _____

4. What is the total number of payers reported? _____
If reporting for more than one payer, list the institutions by name and FID number on a separate page.
5. What is the total number of payees reported? _____
6. What is the balance of all the accounts reported? _____

Transmitter's Signature _____ Title _____ Date _____

Remit this form to Office of Recovery Services, Tiffeni Wall, PO Box 45011, Salt Lake City, UT 84145. For questions you may contact Tiffeni at (801) 536-8902 Fax: (801) 536-8509 or E-mail: orsfidm@utah.gov

